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APPLICANTS

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** CONTINUING DATA *****
None CSH

** FOREIGN APPLICATIONS *****
None CSH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CSH</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Multilayer with radiation absorber and touch screen

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